Cheyenne VA Health Care System

US Department of Veterans Affairs – Veterans Health Administration

Advanced Interprofessional Fellowship in Psychosocial Rehabilitation

2023-2024

Table of Contents

I. Introduction 3
II. Mission of the Fellowship 3
III. Overview of the Fellowship 5
IV. Training Philosophy and Culture 5
V. The Facility 6
VI. The Area 8
VII. Rotations 10
A. ICMHR – RANGE, eRANGE 10
B. Psychosocial Outpatient Wellness and Engagement Recovery (POWER) Program 11
C. Residential Dual-Diagnosis Care: Psychosocial Residential Rehabilitation Treatment Program(PRRTP) 11
D. Community Connections (CC) Program 11
E. Whole Health/Primary Care Mental Health Integration (PCMHI) 12
F. The Supported Employment and Education Program 13
G. The Housing Services Program 13
VIII. Didactics 13
A. PSR Content Didactics (Weekly)Theory, Models, Broad Issues 14
B. Interprofessional (IP) Didactics (Monthly) 15
C. Innovation and Program Development Didactics (Monthly) 15
D. Rural Healthcare Didactics (Monthly) 15
E. Evidence-Based Treatments (across all didactics and training experiences) 16
IX. The Education Dissemination Project 16
X. Core and Adjunct Faculty 17
XI. Leadership 23
XII. Community Partners 24
XIII. Research and Program Evaluation Opportunities 27
XIV. Bi-Directional Evaluation 28
XV. Admissions Procedures 28
XVI. Employment and Benefits 31
XVII. Discipline-Specific Application Procedures 32
XVIII. Program Modifications Due to COVID 35

I. Introduction

'Psychosocial Rehabilitation' (PSR) is a comprehensive approach to restoring an individual's full potential following the onset of mental illness. It reflects the reality that mental illnesses impact the whole person and their environment, and that recovery involves more than elimination of symptoms, but must help address the disabilities that commonly develop as a result of that illness. A comprehensive PSR approach involves assisting the individual in all aspects of recovery to attain the highest level of functioning in the community. PSR describes the preferred approach to treatment for those with a mental illness, though many key treatment interventions have been developed for adults with a Serious Mental Illness.

This Cheyenne VA HCS PSR Program is a specialized interprofessional fellowship experience specifically designed to develop leaders with vision, knowledge, skills, and commitment to lead mental health care for Veterans and the Nation in the 21st century. The PSR Advanced Fellowship's interprofessional training is built on a recovery-oriented model, which integrates a variety of medical, behavioral, vocational, social, and spiritual interventions to restore functionality and community reintegration. In this one-year clinical training program, fellows provide care for the Veteran in a range of learning environments as part of an integrated treatment team (e.g., Psychosocial Rehabilitation and Recovery Centers [PRRCs], Intensive Case Management [ICMHR] programs, Primary Care Mental Health Integration (PCMHI), Homeless/HUD-VASH programs).

II. Mission of the Fellowship

The VA Advanced Interprofessional PSR Fellowship Program is funded by the VA specifically to develop future mental health leaders with vision, knowledge, and commitment to transform mental health care systems in the 21st century by emphasizing functional capability, rehabilitation, and recovery.

Psychosocial Rehabilitation: PSR is a theoretical approach to mental health care that developed around the care of adults with a Serious Mental Illness (SMI), but has become more widely applied to mental health programming. The focus is on partnering with clients to assist them to return to the life they desire. There are a number of evidence-based interventions that have been developed, validated, and expanded in the service of PSR goals. These include assertive community treatment, supported employment, supported housing, supported education, shared decision-making, illness self-management, social skills training, and family psychoeducation. Fellows will learn PSR interventions, as well as the broader framework of PSR work. They will also learn organizational change interventions to help move programs and organizations toward a more complete PSR framework of care.

Interprofessional Work: True interprofessional teamwork is associated with a number of benefits in terms of better clinical outcomes as well as better work environments. Teamwork also facilitates creative solutions to clinical and organizational challenges. In interprofessional teams, individual team members assume profession-specific roles, but as a team, they identify and analyze problems, define goals and assume joint responsibility for actions and interventions to accomplish the goals. Goals that are developed as a team are compatible with the priorities and values of each team member. To interact meaningfully with each other and with the patient

and/or family, team members rely on their familiarity with the expertise and functions of the others' roles. VA advanced fellowships consciously include an interprofessional training element both in terms of clinical experience and didactics, to ensure graduates are fully able to participate in true interprofessional teams. Fellows work within interprofessional clinical teams, and function together as an interprofessional team, in order to provide effective clinical care and to address organizational challenges.

Innovation and Leadership: Success rates for even the best mental health interventions range between 50% and 70%, leaving a great deal of room for improvement. Enhancing existing best practices and building new innovative practices is clearly needed before our success rates start to approach the levels we desire. The VA funds these fellowships with the explicit goal of developing innovative program developers and leaders who will take future VA mental health programming to new levels of success. Both in didactic and experiential programming, fellows will learn about program innovation, program development ,and leadership as key elements within this fellowship. Prior graduates of VA PSR fellowships are represented throughout current VA leadership at national, regional, and local levels.

PSR Services in Rural Settings: While 20% of the US population lives in a rural setting, a full 38% of Veterans live in rural areas. Additionally, although the prevalence of mental illness is equivalent between rural and non-rural settings, access to mental healthcare, and the quality of that care show a significant discrepancy. This discrepancy may contribute to the markedly higher risk of suicide among adults living in rural areas, and likely contributes to a range of other negative outcomes. The reasons for these discrepancies are well documented, and include limited availability of well-trained mental health clinicians, reduced coordination of care in rural settings, and underutilization of available mental health services. Dissemination of new treatments also lags in rural settings, resulting in poorer services and poorer outcomes. There are cultural and economic factors as well, with the common focus on "self-reliance" being associated with lower likelihood of using mental healthcare, particularly psychotherapy, and a greater likelihood of substituting emergency room visits for even routine medical care.

Research-based strategies to address these issues involve (1) expanded use of telemental health services to increase access, (2) closer collaboration between medical and mental health providers; (3) the development of extended collaborative networks with community stakeholders, such as clergy, post-secondary educators, and criminal justice personnel, and (4) the expansion and strategic use of peer support and community-based self-help groups. The Cheyenne VA HCS has been strategically pursuing all of these strategies, developing model programming through which to train the rural mental health providers of the future. This programming includes:

A. A very large telemental health (TMH) program, with all mental health clinicians providing at least some virtual care, and a team of 12 clinicians working exclusively in the TMH model of care.
B. A very large PCMHI team co-located with primary care in all service sites, with the goal of enhancing access to mental health care through warm handoffs.
C. The development of a robust network of collaborations with community stakeholders including clergy, post-secondary educators, criminal justice personnel, local community Veteran activists, and local lay peer support providers.

D. The development of both professional and lay peer support programming, and intensive referral interventions to community-based self-help groups.

III. Overview of the Fellowship

Typically, the Cheyenne VA HCS Advanced Interprofessional Psychosocial Rehabilitation Fellowship includes four 12-month, full-time, post-graduate fellowship positions. Fellows will choose from the following major (half-time) 6-month rotations: 1) ICMHR/POWER, 2) Residential and In-Patient Care, 3) Community Connections, and 4) Primary Care Mental Health Integration. Fellows can also participate in the following minor rotations (quarter time, 6-month rotations): 1) HUD-VASH, 2) VITAL, 3) Community-based BHIP, and 4) Veterans Justice Outreach. Training is supplemented by at least 2 hours/per week of specialized didactics. Fellows will also participate in a special Educational Dissemination Project in which they select a program at the Cheyenne VA HCS or in the VISN 19 region, and provide education and consultation to help that program make system improvements in the service of enhancing clinical care. This project will last at least 6 months and will involve consultation with other interdisciplinary faculty. Fellows can also supplement their training experiences with collaborative work either in existing research projects, or in shared projects between the VA and community partners.

Fellows are expected to commit 40 hours per week to the training experience. All training experiences involve interprofessional teamwork, and the fellows also serve as their own interprofessional team. Fellows will be trained in telemental health techniques and will provide virtual care as part of their clinical work. Training experiences will involve some work at the Cheyenne campus as well as the Northern Colorado VA Outpatient Clinic. Additional experiences will involve work in the community with partners such as Colorado State University and the University of Wyoming. Fellows will also attend a national conference with other VA PSR fellows, funded by the VA. Fellows will work with faculty to design an individualized training year that will help them pursue their professional interests and goals. In this way, the fellows are encouraged to customize the experience in a way that reflects their own professional interests. It is expected that each fellow will attend all scheduled didactic presentations, individual and group supervision, assessment and intervention (A&I) presentations, and grand rounds. In addition, fellows are encouraged to participate in other educational training opportunities that become available.

IV. Training Philosophy and Culture

The VACHS Advanced PSR Interprofessional Fellowship adheres to the scholar-practitioner model of training. The program's goal is to create a rich, supportive, collegial atmosphere that is committed to training future clinicians and clinical leaders in the scientific practice of their respective disciplines. During the fellowship year, the program's aim will be to provide learning experiences, didactic content, and supervision to allow fellows to become strong practitioners and future VA leaders, with an emphasis on evidence-based interventions that promote the full recovery of adults with a mental illness.

Fellowship faculty model and instill strong ethical, professional practices, and scholarly values that are consistent with the professional field of each fellow. An emphasis is placed on ensuring that training adheres to the policies and procedures outlined by the Department of Veterans

Affairs Office of Academic Affiliations (OAA; www.va.gov/oaa/), VACHS, and the professional governing body for the fellow's respective discipline. The training needs of each trainee are evaluated, and an individual training plan is developed to facilitate each trainee reaching the appropriate developmental milestones for those goals.

The VACHS Advanced PSR Interprofessional Fellowship values and is deeply committed to cultural and individual diversity and encourages applicants from all backgrounds. Our training program does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. Fellows are taught approaches for considering dimensions and intersections of diversity in every aspect of their work (e.g., clinical service delivery, research, program evaluation/development, etc.).

V. The Facility

The Cheyenne VA includes a large medical center in Cheyenne, Wyoming, a large Outpatient Clinic in Northern Colorado, 3 outpatient clinics in rural Wyoming, Nebraska, and Colorado, and 3 mobile care sites in Wyoming. The catchment area incudes rapidly growing areas north of Denver, rural and highly rural areas in the foothills and plains east of the Rocky Mountains.

Accredited by both the Joint Commission on Accreditation of Healthcare Organizations (JACHO) and the Commission on Accreditation of Rehabilitation Facilities (CARF) during the most recent accreditation reviews, CAVHS is a Category 3C healthcare provider and VA medical centers in the country. Its largest campuses, located in Cheyenne and Northern Colorado, anchor a broad spectrum of inpatient and outpatient healthcare services, ranging from disease prevention to primary care, complex surgical procedures and extended rehabilitative care. Comprehensive healthcare is provided through primary, tertiary, and long-term care in areas of medicine, surgery, mental health, physical medicine and rehabilitation, neurology, dentistry, ophthalmology, geriatrics and extended care, women's health, and others. Fellows in our program will have potential opportunities to complete training in both hospital campuses and in the associated Vet Centers and community partners, and may have opportunities to provide remote services to the rural CBOCs using advanced telemedicine technology.

The Cheyenne VA Healthcare System (VAHCS) is responsible for a catchment area including southeast Wyoming, northeastern Colorado, and western Nebraska, covering 42,000 square miles that are home to 60,000 Veterans. Fifteen of 19 counties meet the criteria of 'rural" or "very

rural" and so rural care is central to our mission. Cheyenne operates one hospital in Cheyenne, Wyoming, one large multi-specialty "Super Community-Based Outpatient Clinic (CBOC) in Northern Colorado, and three additional clinics in Nebraska and Wyoming.

In FY20, a total of 20,000 Veterans received care through the Cheyenne VAHCS, with approximately 5,000 receiving a mental health service. The market is divided into two sectors, Wyoming/Nebraska (2% growth/year) and Northern Colorado (11% growth/year), reflecting the fact that several northern Colorado counties are among the fastest growing in the US. Hospital services include the range of psychiatric treatment programs (acute psychiatric, PRRTP, specialty outpatient care, Intensive Community Mental Health Recovery (ICMHR) services in the form of Rural Access Network for Growth Enhancement (RANGE) and Enhanced RANGE (eRANGE) teams, as well as large homeless programs (Health Care for Homeless Veterans Outreach, Grant and Per Diem, HUD-VASH, Homeless Veteran Community Employment Services, and a Veteran Justice Outreach), a large Supported Employment and Education Program, and intensive day treatment and outpatient substance abuse programs.

Like most VA's with a significant rural population, the Cheyenne VAHCS has been building partnerships with community organizations in an effort to expand access to supports and care for all Veterans in their catchment area. The Cheyenne VA HCS is a training site for medical students, psychology interns, social work interns, licensed mental health counseling interns, occupational therapy interns, nursing interns, nurse practitioner interns, and chaplaincy interns. We are affiliated with Rocky Vista Medical School, serving as a training site for medical students with a focus on psychiatry. We are also closely aligned with the University of Wyoming and Colorado State University and, with collaborations in programming for Veterans and for staff.

Cheyenne VAHCS, and the mental health service have a long history of maintaining a strong interprofessional environment that is reflected in the clinical and the training programs. There is a standing Interprofessional Education Committee designed to improve the training programs of each discipline by collaborating and sharing resources. For example, discipline-specific training programs share didactics and supervision in order to take advantage of expertise in each discipline, and to expand the range of trainee-choice within educational offerings.

VI. The Area

While the Cheyenne VA HCS serves Veterans in a large catchment area, most staff and trainees live either in Cheyenne Wyoming, or in the Fort Collins/Loveland, Colorado area.

Cheyenne is a town of 60,000 people, serving as the capital of Wyoming. For skiers, hikers, campers, mountain bikers, hunters, fishermen and boaters Cheyenne has it all within 100 miles. Snowy Range or any Colorado ski area are easy to find. Vedawoo and Curt Gowdy State Park boast world class mountain bike trails, hiking, rock-climbing, camping and fishing. Glendo Reservoir and Guernsey Reservoir are beautiful lakes north off I-25. Cheyenne is home to 15 local museums, 4 movie theaters, 2 community theaters, a Civic Center and many outdoor amenities. The artist community is also very strong and provides a monthly Artwalk throughout the community, along with many other public events making it a fun place to live. Additionally, the community is home to the Cheyenne Frontier Days, the world's largest outdoor rodeo which lasts 10 days during the month of July. The community in Cheyenne has a strong partnership with the military with an Air Force Base and Air National Guard. It has been named one of the greatest communities to retire.

The Fort Collins/Loveland area is 50 minutes south of Cheyenne and 50 minutes north of Denver. It is one of the fastest growing areas in the United States, with approximately 230,000 living there in 2020. In 2021 US News & World Report ranking of best places to live, Fort Collins was listed as #5 overall. At the foot of the Rocky Mountains, Loveland and Fort Collins are hotbeds for outdoor enthusiasts, with extensive hiking and biking trails, mountain climbing, kayaking and canoeing, etc.

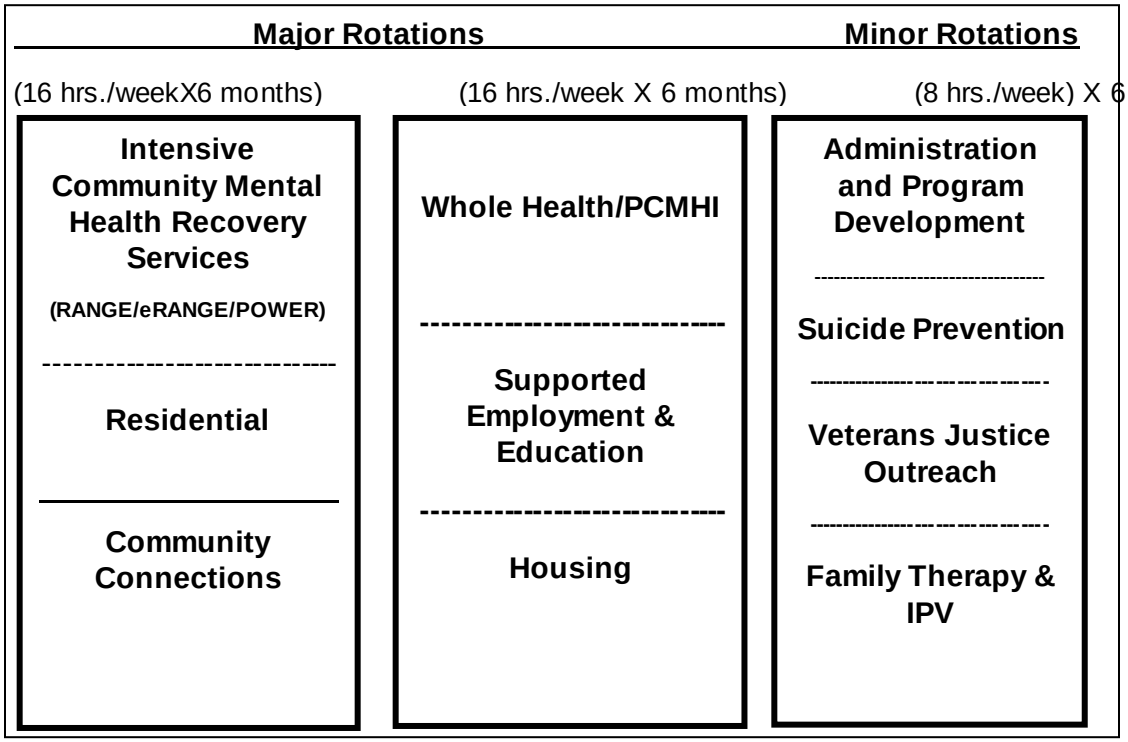
Home to Colorado State University, Fort Collins is known as the Napa Valley of craft beer, hosting big names like New Belgium Brewing Co. along with new up-and-comers. The city's

access to nearby Rocky Mountain National Park and other pristine public spaces helps feed this dynamic. It's not uncommon to see locals at the trailhead in the morning for a hike, run or bike ride and then on a brewery patio with friends later that night.

The city's arts and entertainment offerings are built around Old Town, a downtown area that boasts multiple music venues, bars and shopping options and is rumored to be the inspiration for Disneyland's Main Street, U.S.A. The nearby Lincoln Center hosts touring Broadway productions and smaller shows geared mostly toward families. Just north of Old Town is the Fort Collins Museum of Discovery, a children's museum and digital dome theater.
Summer is festival season in Fort Collins, anchored by the Colorado Brewers' Festival and the Bohemian Nights music festival, which attracts nationally touring acts and has free admission. Also, New Belgium Brewing hosts the Tour de Fat, an annual celebration of all things bike culture that includes a massive bike parade through downtown.
Loveland, Colorado, is home to one of the largest sculpture gardens in the country and huge regional attractions like Budweiser Event Center and The Promenade Shops at Centerra. In 2017, SmartAsset ranked Loveland amongst the top 10 places to raise a family in Colorado.

Loveland is home to the historic Rialto Theater which opened in 1920, the Art in Public Places Ordinance which designates one percent of the city's capital projects for the purchase and maintenance of art, Benson Sculpture Garden and Sculpture in the Park which is the largest outdoor juried show and sale in the United States.

VII. Rotations



The Cheyenne VAHCS has a wide range of mental health programming reflecting a strong recovery-orientation built upon the full range of evidence-based practices.

A. ICMHR – RANGE, eRANGE

The ICMHR program is designed exclusively to serve rural Veterans, being composed of two specialized clinical teams: a RANGE team and an eRANGE team. This program provides state-of-the-art services by providing treatment/ rehabilitation that fosters self-sufficiency and community integration. Community-based therapies and skill building form the core of the ICMHR program, which also includes intensive case management, home-based care, individual, family and group psychotherapy, peer education and psychoeducation, substance abuse counseling, pharmacotherapy, vocational rehabilitation, and peer-support and socialization groups. The rural nature of the population served requires lower caseloads and specialized partnerships to address homelessness in this population (eRANGE).

The average number of patients treated per year is 75 to 100 and the average duration of treatment (DOT) is 3 to 4 years. The diagnostic breakdown of the participant population is 55% affective disorders, 50% anxiety disorders, 91% psychotic disorders, and 50% substance abuse disorders (SUD). The treatment team is composed of 16 staff, representing 12.0 FTEE, including 1 psychiatrist, 2 psychiatric nurses, 8 case- managers, 1 OT, 1 vocational rehab specialist and 1 peer specialist. All are trained in CBT for Psychosis, Motivational Interviewing, and VA Life Goals Training, as well as a range of other evidence-based interventions.

B. Psychosocial Outpatient Wellness and Engagement Recovery (POWER) Program

This program was established in 2020, and was modelled after the RAIS study. It provides specialized interprofessional care to Veterans who have developed psychotic symptoms within the prior 5 years. Services are consistent with "Coordinated Specialty Care", and are designed to meet the specific needs of that Veteran. Services seek to speed the utilization of appropriate medications while providing evidence-based interventions to help them return to successful engagement in family and social relationships, work and education. This program has developed a partnership with the Cheyenne Air National Guard program that serves 1300 National Guard Personnel per year, and who often identify adults suffering with early psychosis. Trainees will be able to participate with the POWER team but will also have exposure to the clinical team at the Air National Guard.

Statistics for this new program are difficult to provide. Based on input from the STEER program, we anticipate that the POWER program will serve approximately 20-30 Veterans per year, and the average length of treatment will be around 50 weeks. The treatment team is composed of 5 staff members. These include 1 psychiatrist, 1 psychologist, 1 Licensed Mental Health Counselor, 1 Social Worker, 1 Vocational Rehabilitation Specialist, 1 Licensed Marriage and Family Therapist, with consultation by Occupational Therapy.

C. Residential Dual-Diagnosis Care: Residential Rehabilitation Treatment Program (RRTP)

The Cheyenne RRTP is a 10-bed program with a specialty focus on the treatment of substance use disorders, PTSD, and dual diagnosis. The overall goal is to support each individual's potential for recovery, with services that support the development of hope and purpose, while also building natural supports to enhance a strong sense of self. Veterans can select from a variety of evidence-based interventions, tailored to meet their individual goals. Group and individual treatments that include Seeking Safety, CBT-SUD, CPT, PE, DBT, Relapse Prevention, EMDR, and CBT for Psychosis. Community-based social support and self-help groups are integrated into the program, and an intensive referral process to community support groups is utilized.

The PRRTP treats 100 Veterans per year with an average length of stay of 150 days. The diagnostic breakdown of the participant population is 45% affective disorders, 77% anxiety disorders (including PTSD), 50% psychotic disorders (schizophrenia, psychosis NOS), and 95% substance abuse disorders. The treatment team is composed of 20 staff members, representing 12.0 total FTEE, including 1 psychiatrist, 2 psychologists, 1 social worker, 1 vocational rehabilitation specialist, 1 occupational therapist, 1 pharmacist, 1 peer specialist, and 12 nurses. The program has been approved to expand to 18 beds.

D. Community Connections (CC) Program

The CC Program seeks to expand and strengthen partnerships with community organizations to increase access to support and care for Veterans living with mental illness in our catchment area. The development of this program reflects several strategic realities:

- Across the US, two thirds of Veterans do not use VA Care. The VHA has recognized a responsibility for this population, particularly given the fact that the majority of deaths by suicide among Veterans occur within this population.

- In rural settings, geographic access to VA care is particularly challenging. By working closely with community partners, VA can build expertise within community partners in order to better serve rural Veterans.
- Current success rates of even the best current psychosocial rehabilitation programs are modest (50-80%), suggesting that continued innovation and program development is needed. Partnerships with the community are likely to lead to clinical innovation.

The Cheyenne VAHCS actively collaborates with community organizations, including partners providing state-of-the art psychosocial rehabilitation interventions (see table below for listing of community partners). Fellows have exposure to the work of these partners through our CC program, seeing alternate models of care. A few examples of key community partners include:

1. PEAK Wellness Center provides state-of-the-art recovery programming for more than 2,200 rural southeast Wyoming residents. Peak Wellness has clinics in the same locations as the Cheyenne VA.
2. Recover Wyoming, Inc. is a peer-run recovery and advocacy center in Cheyenne. It provides a range of psychosocial interventions including peer support, a clubhouse, vocational services and forensic support. Recover Wyoming trains all Certified Peer Specialists in Wyoming, and trains most of the peers serving the Cheyenne VA.
3. Law Enforcement Assisted Diversion (LEAD) is a diversion program designed to use harm reduction strategies with adults who are at risk for arrest secondary to their mental illness. In this area, Veterans with a serious mental illness represent a significant portion of LEAD's participants, and so diversion becomes the entry point for mental health treatment.

Building collaborative efforts with independent community-based partners requires that staff and trainees learn to master "collaborative leadership", which is one of the core interprofessional competencies. Below are a few examples of collaborations initiated by the Cheyenne VAHCS.

1. The Northeast Colorado Collaborative for Veterans (NECO).
2. The Front Range Veterans Peer Education Council (FRVPEC).
3. The 12-Step Intensive Referral Collaboration with AA .
4. The Veteran Coffee Social Project with VOICES .

The CC Program is led by the Local Recovery Coordinator (LRC) and includes program staff from the Suicide Prevention and the Peer Services team. There are total of 10 staff members, representing 9.0 FTEE, including 3 SW's, 1 psychologist, 1 nurse, 1 LMHC, 1 LMFT. The CC team is involved in over 100 events in the community per year and meet on a regular basis with at least 50 community partners.

E. Whole Health/Primary Care Mental Health Integration (PCMHI)

Medical care for Veterans with a serious mental illness is a key area of clinical concern, given the health and mortality disparities. Cheyenne has invested heavily in the PCMHI model of care, with a full 20% of all MH staff working on that team, including 5 psychologists, 4 social workers, 2 NP's, 4 psychiatrists, 4 nurses, 2 LMHC, and 2 Peer Specialists. Cheyenne considered creating a specialized MH Primary Care Team to focus expertise. When considering the large number of Veterans with a SMI served by PCMHI, it was decided that the all PCMHI teams would develop and hold the expertise in care for Veterans with SMI. The PCMHI team serves

13.5% of all Primary Care patients, one of the highest rates in the VA. They serve more than 2,000 Vets/year, 400 of whom meet criteria for SMI.

While Whole Health is integrated within each Cheyenne mental health program, the most concentrated Whole Health programming exists within the PCMHI team. A recent program review found that PCMHI programming has fully integrated Whole Health philosophy and practices in every element of their services. PCMHI providers routinely offer services such as meditation, yoga, Tai Chi, exercise, alpha-stim and acupuncture.

F. The Supported Employment and Education Program

The Supported Employment and Education Program provides evidence-based interventions to help Veterans achieve success in efforts to participate as fully as possible in employment and in post-secondary education. Interventions include supported employment, supported education, supported self-employment, Supported Employment Engage and Keep (SEEK), transitional employment, and career counseling. This team is composed of 3 vocational counselors, 1 psychologist and 1 doctoral-level LPMHC, for total of 5 FTEE. They serve 350 Veterans per year, and have close working relationships with 7 post-secondary schools, including the University of Wyoming, Colorado State University, the University of Northern Colorado, the Laramie County Community College, the Front Range Community College, Aims Community College and WyoTech (formerly the Wyoming Technical Institute). They collaborate with the CSU Center for Community Partnerships on research into Supported Education Interventions for Veterans. They also collaborate with the Veterans Business Owners Initiative and the VA Supported Self-Employment Program.

G. The Housing Services Program

The Cheyenne VAHCS has a wide range of homeless services and housing programs. The average number of Veterans served per year is 300 and the average length of participation is 150 days. Approximately 60% of these Veterans meet criteria for a serious mental illness, and 80% meet criteria for a comorbid substance abuse disorder. This program is supported by two treatment teams, together composed of 18 staff members, representing 17.5.0 FTEE, including 14 social workers, 2 licensed mental health counselors, 1 psychiatrist, 1 vocational rehabilitation counselors, and 3 peer specialists. The eRANGE program also collaborates on care of those Veterans shared between the programs. The Cheyenne VAHCS Homeless Program is a partner in both WY and NoCo coordinated entry. This is a HUD and VA directed community partner collaborative that focuses on reducing barriers to housing while also working to make homelessness rare, short-lived, and non-recurring.

VIII. Didactics

Fellows will receive at least two hours of formal didactic education each week with opportunities for additional seminars and classes, depending on the rotation and the interests of the fellows. Special training in evidence-based therapies such as Cognitive Behavioral Therapy for Psychosis, Cognitive Therapy for Recovery, and Social Skills Training will be provided. The core weekly didactics include a course on PSR theory and interventions, as well as monthly seminars on interprofessional practice, program development and leadership, and rural mental health services. Some of the current seminar topics include:

A. PSR Content Didactics (Weekly) Theory, Models, Broad Issues

1. What is Recovery
2. Basics of Disability and Mental Illness
3. Basics of Psychosocial Rehabilitation
4. Diversity and Cultural Competence as it Relates to "Recovery"
5. History of PSR Inside and Outside the VA 0
6. Why is PSR Successful: A Behavioral Economics Approach
7. Why is PSR Successful: A Humanistic/Existential Approach
8. Empowerment as a Core Stance in PSR Services
9. Using and Understanding "Recovery" Language
10. "Boundaries" from a Recovery Perspective
11. Quality Assurance and CARF
12. Key Organizational Players in Recovery: NAMI, PRA, SAMSHA, etc.
13. Research from a Recovery Perspective
14. Political Aspects of Recovery
15. Advocacy within PSR
16. Community Building Interventions in Psychosocial Rehabilitation
17. Narrative Interventions in Psychosocial Rehabilitation
18. Trauma-Informed Care in Psychosocial Rehabilitation
19. Advanced Care Directives and Recovery-Oriented Care
20. Psychopharmacology and Recovery
21. ACT/ICHMR, Range
22. Supported Employment and Variants
23. Supported Education and Variants
24. Housing First and Variants
25. Diversity Issues in Rehabilitation Interventions
26. Peer Specialists/ Peer Services
27. Peer Bridging
28. Clubhouses and Fountain House
29. Supported Self Employment
30. Motivational Interviewing in a Psychosocial Rehabilitation Setting
31. CBT for Psychosis
32. Integrated DDX Treatment
33. Disability Prevention
34. Illness Self-Management
35. Whole Health Interventions in Psychosocial Rehabilitation
36. Social Skills Training
37. Spirituality and Recovery from Mental Illness
38. Psychoeducation
39. Cognitive Rehabilitation and Serious Mental Illness
40. Social Support Groups and Adults with a Serious Mental Illness
41. Evidence-Based Intensive Referral Processes to Support Groups
42. Family Therapy with Veterans with Serious Mental Illness Recreation/Leisure Issues and Interventions in Serious Mental Illness
43. Financial Skill Development Interventions
44. Parenting Skill Development

45. Building Health Intimate Relationships for Adults with Serious Mental Illness
46. Suicide Prevention Interventions
47. Building a Life Worth Living: The Key Suicide Prevention Strategy
48. Effective Case Management
49. A Model for Intervening Early in the Course of Mental Illness: SEEK
50. Working with Forensic Populations from a PSR Perspective
51. Working with IPV Populations from a PSR Perspective

B. Interprofessional (IP) Didactics (Monthly)
1. Empirical Evidence Regarding Clinical Outcomes of IP Approach
2. Theoretical Model for IP
3. IP Skill #1: Role Clarification
4. IP Skill #2: Building Healthy Team Functioning
5. IP Skill #3: Interprofessional Communication
6. IP Skill #4 Healthy Team Conflict, Conflict Resolution and Psychological Safety
7. IP Skill #5: Veteran/Family/Community Centered Care
8. IP Skill #6: Collaborative Leadership
9. LPMHC Training and Perspectives
10. Occupational Therapist Training and Perspectives
11. Social Worker Training and Perspectives
12. Psychologist Training and Perspectives

C. Innovation and Program Development Didactics (Monthly)
1. Servant Leadership
2. Facilitative Leadership
3. Basics of New Program Development
4. Identifying and Hiring Effective Staff
5. Managing Staff in a VA Setting
6. Understanding Quality and Program Oversight (JC and CARF)
7. Understanding Finance and the Role of Money in Program Management and Development
8. Innovation: Strategies for Increasing Administrative Creativity
9. Basics of Proposal Writing
10. Basics of Program Management

D. Rural Healthcare Didactics (Monthly)
1. Disparities in Rural Mental Healthcare
2. Creating a High-Performing Networks through FQHC's and Rural Health
3. Suicide and Suicide Prevention in a Rural Setting
4. Telehealth and Rural Care
5. Training of Rural Intensive Case Management
6. Treating PTSD in Rural Settings
7. Rural Veterans and Telehealth Didactic Series
8. IPV and MST in Rural Settings
9. Visit Rural CBOC
10. Visit Rural Community Partners

E. Evidence-Based Treatments (across all didactics and training experiences)
   1. Motivational Interviewing
   2. CBT for Psychosis
   3. CBT for Treatment Entry
   4. Seeking Safety
   5. CBT-SUD
   6. Process Based Therapy (PBT)
   7. Cognitive Processing Therapy (CPT)
   8. PE
   9. DBT
   10. Relapse Prevention
   11. EMDR
   12. Supported Employment
   13. Supported Education
   14. Supported Volunteerism
   15. Supported Employment Engage and Keep (SEEK)
   16. Supported Self Employment
   17. Housing First
   18. Social Skills Training
   19. Illness Self-Management
   20. Intensive Referral to Community Self-Help

IX. The Education Dissemination Project

The Education Dissemination Project is, in one sense, the core of the training experience. The fellowship is designed to create leaders who are committed and able to change the way the VA offers rehabilitation services, and not simply well-trained clinicians or knowledgeable researchers. This project which will involve the fellows playing a role as facilitative leaders, helping create change in the rehabilitation services at the Cheyenne VAHCS or a VISN 19 site. The project will include the trainees providing a didactic seminar to VA staff on a topic of interest, but this will function primarily to create an opportunity to open a dialogue with program staff and to establish some basic guidelines for program development. The didactic seminar will be followed by an organized but less formal series of consultations and contacts in which the trainees are facilitating the process of learning exchange, with the goals of (1) helping the clinicians rethink and reformulate their rehabilitation services in a way that is consistent with their own goals for the program and with current rehabilitation guidelines, and (2) helping the clinicians engage in the ongoing process of continuing evaluation, review, and development.

The specific steps in the project are as follows:

A. The project will be initiated after trainees have completed the didactic Facilitative Leadership Training and will be carried out under supervision over the subsequent six months.
B. Trainees will identify a group of clinicians within the Cheyenne VAHCS, with the potential for expansion to other VISN 19 sites. This will be done directly between the Cheyenne Mental Health Service Line and other sites but will be assisted by Dr. Varra of the VISN 19 MH Service Line Lead.
C. Trainees will arrange and provide an educational event focusing on an area of rehabilitation, followed by an hour of dialogue.

D. During the dialogue time, the trainees will elicit information from the staff regarding current clinical practice, clinician goals for the program, perceptions of areas of relative strength, perceptions of areas of relative weakness, and barriers to program improvement.
E. After the meeting, trainees will meet with faculty to develop goals for the intervention in terms of the type and intensity of consultation and the type of change and clinical programs that are likely to be accomplished within the next 5 months.
F. With these goals in mind, trainees will follow-up with contacts established to continue the process of dialogue in which clinical staff review and revise procedures to improve outcomes within their clinical context. Trainees will meet on a regular basis with faculty to coordinate their follow-up efforts.
G. At the end of the project, the trainees and faculty will meet again with the clinicians to review and summarize changes and target goals resulting from the consultation.
H. The fellows will present their project to the national PSR faculty.
I. The faculty will then meet to review the project and to develop recommendations for the next year's project.

X. Core and Adjunct Faculty

Name: Christopher L. Aguilar, MSW, LCSW
Title: Local Recovery Coordinator, Evidence Based Psychotherapy Coordinator
Discipline: Social Work
Chris Aguilar received his BSW from Colorado State University in 2009. Chris went on to earn his MSW from Colorado State University in 2012. He has been a Licensed Clinical Social Worker since 2014. His current duties are heavily involved in training providers, Veterans and community partners in a variety of areas. He has been a member of the Ethics team at the Cheyenne VA since 2013. In that time, he has provided regular trainings to fellow staff regarding the VA Ethics operations at the Cheyenne VA. As part of the Evidence Based Psychotherapy coordinator role, Chris spends considerable time educating providers about the EBP training application process. Chris also participates in the planning of hosting EBP trainings at the Cheyenne VA facility. Chris participates in the development and delivery of Peer Support education curriculum as part of the Peer Advisory Committee. He has provided clinical supervision to numerous MSW level social workers in the past several years and is currently providing direct clinical supervision to an MSW Intern. Lastly, Chris has years of experience with supervising an interdisciplinary staff in a mental health outpatient setting including MDs, Psychologists, Nurses, Social Workers and admin staff. Currently Chris supervises the Peer Support team at the Cheyenne VAHCS.

Name: Susan Amory, LPMHC
Title: Couples' and Family Therapist
Discipline: Licensed Professional Mental Health Counselor
Susan Amory has a BS in Social Work from Radford University, an MA in Education from Norfolk State University, and an MS in Clinical Mental Health Counseling from Adams State University. She has completed training and consultation in Cognitive Processing Therapy. Ms. Amory has worked with clients in a teaching and mental health counseling capacity for 25 years in school settings, community behavioral health agencies, inpatient facilities, and private practice.

Name: Ashley Bittle, PhD, LCSW
Title: Associate Chief of Mental Health for Psychosocial Rehabilitation
Discipline: Psychologist, Social Worker
Dr. Bailly earned her BA in Psychology from Wheaton College in 1984 and her PhD in Clinical Psychology from the University of Wyoming in 1993. Her current duties include managing the residential program for PTSD and Substance Use Disorders as well as the SUD outpatient program. She has experience in evidence-based treatments including Prolonged Exposure and Cognitive Processing Therapy for PTSD; Dialectical Behavior Therapy; Acceptance and Commitment Therapy; Mindfulness-Based Stress Reduction; Motivational Interviewing, and Cognitive Behavioral Therapy for Substance Use Disorders. Her clinical/research interests included exposure therapies for PTSD and training. She has mentored more than 30 clinicians and is involved in the VA training initiative for Prolonged Exposure.

Name: Robert Balich, PhD, LPMHC
Title: Discipline Executive, Counseling Program
Reach Vet and SMI-Reengage Program Coordinator, VITAL provider
Discipline: Licensed Professional Mental Health Counselor
Dr. Balich has a MS in Counseling from the University of Wyoming and his PhD in Counselor Education and Supervision also from the University of Wyoming. Dr. Balich's areas of specialization include treatment of Substance Use Disorders and treatment of trauma-related disorders. He is trained and completed consultation in Cognitive Behavioral Therapy for Substance use disorders, Eye Movement Desensitization and Reprocessing, and Acceptance and Commitment Therapy for Depression. He also serves as a national consultant and trainer for Cognitive Behavioral Therapy for Substance Use Disorders.

Name: Tilda Bulanon-Chavez
Title: Program Manager, ICMHR/RANGE/eRANGE
Discipline: LCSW
Stephanie Garrison has her BA in Social Psychology and Criminal Justice from Western Michigan University and her PhD in Forensic Psychology and Community Counseling from Argosy University. Her current duties include supervising multiple disciplines as the Program Manager for ICMHR services in WY and CO. She is also the Education Committee Coordinator for ICMHR at a National level and approved LPMHC faculty with EES for accreditation needs. She has experience in providing mental health treatment with SMI, trauma, substance abuse and criminal justice involved individuals. Her clinical interests include working with veterans by supporting them on their journey in recovery by encouraging them to become active participants in their own lives. She is passionate about veterans embracing who they are rather than defining themselves by their mental illness. She has mentored more than 12 clinicians and been involved in the training of 50+ clinicians. Stephanie was a lead clinician with a Leadership and Resiliency Program (LRP) in Fairfax Virginia working with at risk and mentally ill youth by teaching them social skills and engagement activities. This program became a nationally desired program amongst local and county government systems.

Name: James Graham, PhD
Title: Director, Center for Community Partnerships, Colorado State University

Professor, Department of Occupational Therapy, Colorado State University
Discipline: Occupational Therapy
Dr. Graham received his BS in Biology and Chemistry from the University of Utah in 1992 and his PhD in Rehabilitation Science from the State University of New York at Buffalo in 2006. He completed a 2-year post-doctoral fellowship in rehabilitation science at the University of Texas Medical Branch in 2008. He previously was on the faculty at the University of Texas from 2008 to 2018, and was Director of Rehabilitation Science from 2016-2018. He is a funded researcher, with three on-going funded grants, all focusing on evaluating forms of supported education. He has published more than 100 journal articles, most focusing on rehabilitation interventions for adults with neurologic and/or psychiatric disabilities. He has been working collaboratively with the VA VITAL program at Colorado State University for the past year.

Name: Rodney Haug, PhD
Title: Chief, MHSL
Discipline: Psychologist
Dr. Haug received his BS in Economics and Psychology from the University of South Dakota in 1979 and his MS and PhD in Clinical Psychology from the University of North Dakota in 1984. He has extensive experience in disaster response assistance, the treatment of PTSD, and is qualified in several EBPs. Most recently he has a focused interest in Whole Health and is certified in battlefield acupuncture. His clinical/research interests include PTSD treatment and stress reaction. He has mentored and supervised more than 100 clinicians and at one time was the Chief Clinical Field Manager of over 265 VA Vet Center nationally. As part of his more than 30 years with the VA Vet Center, Readjustment Counseling Service, he has worked with and developed many aspects of psychosocial rehabilitation care for veterans and family members.

Examples of some of the psychosocial rehab care he helped develop:

- Spousal psychosocial support groups available at all Vet Centers nationally.
- The first family support group, targeting teens, for Vietnam Veterans hospitalized at the Minneapolis MN VAMC.
- Recognition and awareness of the need for the support and treatment of military sexual trauma survivors and working closely with Congressional Members resulting in the bill establishing eligibility for the VA treatment of this important group of veterans.
- A joint local Vet Center/VA Chaplin initiative to provide veterans and partners education and communication skills. This venture received a VISN 19 and VACO Chaplin Service Best Practice award.
- VAMC/Vet Center collaborative weekly group combining battlefield acupuncture and mindfulness practice.

Name: Michele Kane, CPS, MHC
Title: Senior Peer Specialist
Discipline: Certified Peer Specialist
Michael Moore was certified as a peer specialist by Recovery Wyoming in 2012 and has been providing peer support services in virtually every VA program over the past 8 years. He is an invited speaker on topics related peer services at VISN 19 VA's. He is the LBTQ Diversity Lead at the Cheyenne VA and a community advocate. He has extensive experience educating mental

health professionals and has mentored 10+ Veterans in the role of peer specialist. His current interests include crisis intervention and suicide prevention.

Name: Natalie Jones, MSW, LCSW
Title: CC&ICM and SW Training Coordinator
Discipline: Social Work
Natalie grew up in Texas and shortly after graduating from high school, she enlisted in the military where she served in the Air Force from 2004-2008 in the Information Technology (IT) field. After separating from the military, she obtained her BA in Psychology in 2011 from California State University Sacramento, and her MSW in 2015 from the University of Texas San Antonio. She is currently pursuing a Certified Case Manager (CCM) credential. She has worked as a behavioral specialist with children who have a diagnosis of autism, City of San Antonio homelessness prevention program, HIV/AIDS clinic at the Audie L. Murphy VA in San Antonio, TX, and as a discharge planner in a acute rehab setting as well as acute inpatient hospital. She obtained her clinical social work license in 2019 and has worked for the Cheyenne VA HCS since March 2020 starting out as a PACT SW, moving into her current role, Care Coordination & Integrated Case Management (CC&ICM) and Social Work Training Coordinator, in March 2023. Natalie's passion is to provide the best care to Veterans and their families and caregivers through the roll out of CC&ICM framework at the Cheyenne VA. CC&ICM identifies those Veterans at greatest risk and utilizing a number of resources by assigning them a lead coordinator to help them navigate the VA in an effort to reduce community emergency room and hospital admissions/visits. Natalie has also been a big proponent of training and is why she has had MSW students throughout her social work career and is deeply invested in her role at the Cheyenne VA as the Social Work Training Coordinator. She is approachable, friendly, and quick to help anyone who has questions or needs assistance. She enjoys spending time with her husband and 10 month old daughter, cooking, weight lifting, knitting, playing card games (especially Cribbage!), gathering with friends regularly, and listening to crime podcasts.

Name: Marcy Kassahn, MOT, OTR/L
Title: Occupational Therapist
Discipline: Occupational Therapy
Marcy Kassahn received her BS in Equestrian Science from William Woods University in 1992, and her MS in Occupational Therapy from Colorado State University in 2005. She joined the VA OT team in 2007. Her current duties at the VA include inpatient acute, subacute, rehab, long term care, outpatient services and home evaluations. She has sought out opportunities at the Cheyenne VA to provide psychosocial evaluations and treatment for our veterans due to her positive experience completing a psychosocial 12-week fieldwork at the Denver VA in Spring of 2005. She has experience in providing outpatient and inpatient mental health and cognitive treatment. She utilizes the Allen Cognitive Levels Screen and Modules frequently to assist with discharge planning and teaching staff ways to change their approach for the best outcomes. Her research interests include Equine lameness, Equine mental health creative options, human and equine nutrition/supplements to decrease pain and inflammation, increase health.

Name: Brenda Kulju, MSN, M.Ed., NP
Title: PCMHI RN, Fort Collins CBOC
Discipline: Psychiatric Mental Health Nurse Practitioner

Ms. Kulju obtained her BA in government from Cornell University in 2000, her MEd, specializing in adult education, from Colorado State University in 2005, and her MSN from the University of California Los Angeles in 2011. Her current duties include PCMHI and specialty mental health support for the Fort Collins CBOC. She has experience in providing psychiatric nursing across the lifespan in acute care settings and at the VA in an outpatient setting. Her clinical/research interests include substance use disorders, integrating holistic care into mental health treatment, and rehabilitation programs for populations with serious mental illness. She has mentored more than 20 clinicians and been involved in the training of over 30 RNs, EMTs, and psychiatric technicians in inpatient settings. At the VA, she co-facilitates the DBT skills group, independently leads mindfulness and alpha stim groups.

Name: Michael Moore, CPS
Title: Senior Peer Specialist
Discipline: Certified Peer Specialist
Michael Moore was certified as a peer specialist by Recovery Wyoming in 2012 and has been providing peer support services in virtually every VA program over the past 8 years. He is an invited speaker on topics related peer services at VISN 19 VA's. He is the LBTQ Diversity Lead at the Cheyenne VA and a community advocate. He has extensive experience educating mental health professionals and has mentored 10+ Veterans in the role of peer specialist. His current interests include crisis intervention and suicide prevention.

Name: Camilla Pena, MSN RN
Title: Associate Director Education/DLO
Discipline: Registered Nurse
Camilla Pena received her ADN from Laramie County Community College in 2008, BSN from the University of Wyoming in 2012 and her MSN with Emphasis in Education from Grand Canyon University in 2017. Her current duties include managing the education programming for the Cheyenne VA Healthcare System. She has experience in providing clinical education at the college level as well as in the private sector. She has experience in multiple specialties such as Pediatrics, NICU, Operating Room Circulator, PACU/PRE-OP, Medical-Surgical, as well as Simulation Education.

Name: Delia Sosa, PhD
Title: PRRC Program Manager
Discipline: Psychologist
Delia Sosa received her PsyD in Clinical Psychology from Pacific University School of Graduate Psychology. She completed her doctoral internship and post-doctoral training at the Cheyenne VA Healthcare System. Dr. Sosa is the leader of the Supported Employment and Education Program, and works primarily in the VITAL (Veterans Integration to Academic Leadership) Program, focused on bringing VA mental health services in the form of evidence-based practices, outreach, and staff/faculty training opportunities to seven different colleges/universities in Wyoming and Northern Colorado. Dr. Sosa's interests and areas of specialized training include PTSD, multicultural therapy, working with the Latinx/Spanish-speaking population, and VA certification in Cognitive Processing Therapy for PTSD, Cognitive Behavioral Therapy for Chronic Pain, and Acceptance and Commitment Therapy for Depression

Name: Kari Evans, MSW, LCSW
Title: Chief of Social Work Service Line, Social Work Discipline Executive, Co-Champion for Integrated Care Management
Discipline: Social Work
Alissa received her BS in Anthropology/Psychology in 1992 from Lewis & Clark College in Portland OR and her MSW in 1997 from Walla Walla University in College Place WA. She has a graduate certificate through University of Utah in Integrated Movement Studies, a therapeutic expressive arts modality, is a certified LEAN Green Belt, and has additional training in Transformational Coaching. She has been a Licensed Clinical Social Worker since 2000 and has worked in community mental health, school social work, and medical social work. She has worked for the VHA for 8 years, including at Fort Harrison MT, White City OR, and Columbia MO. She has been the Chief of Social Work for 2 years and has been privileged to build a new service line (currently with 28 FTEE and growing) which provides social work case/care management, program coordination, and services which impact the Social Determinants of Health of Veterans and their caregivers. She is deeply invested in building an organizational culture of psychological safety, servant leadership, continuous process improvement, and high reliability. She is the Discipline Executive for nearly 60 Social Workers across the Social Work and Mental Health Service Lines, the Social Work Trainee Director, and the Co-Champion for Integrated Case Management. She enjoys making art and playing outdoors with her 3 dogs.

Name: Tatum Webb, LCSW, LADAC
Title: Associate Chief of Mental Health for Community Integration
Discipline: Social Work
Ms. Webb has her BA in Interdisciplinary Studies (Environmental Studies and Biology with a minor in Psychology) from Sweet Briar College in Sweet Briar, Virginia and her MSW in Clinical Social Work from New Mexico Highlands University in Albuquerque, New Mexico. Her current duties include program oversight and management of Intensive Community Mental Health Recovery programs for Veterans with an SMI diagnosis, several Homeless programs, Vocational Rehabilitation Services, and an Intimate Partner Violence Program. She has experience in providing clinical care for SUD and PTSD, as well as working with homeless and SMI Veteran populations. She also has program development and management experience and has focused in recent years on developing and fostering community partnerships to bridge VA service gaps in addition to being able to reduce barriers to Veterans accessing the care they need.

Name: Jason West, DO
Title: Discipline Executive
Discipline: Psychiatrist
Dr. West received his BS in Cell Biology from the University of Kansas in 1999, a Master's in Hospital Administration from the University of Kansas in 2001 and his Doctor of Osteopathic Medicine from Des Moines University in 2008. He has served as a medical director for mental health in several capacities including civilian and military. Dr. West has extensive experience in both inpatient and outpatient psychiatric care in addition to substance abuse treatment and care for forensic patients. His current duties include outpatient care and serving as the discipline executive for psychiatry.

Name: Thomas Wykes, PhD

Title: Associate Chief of MH for Medical Integration
Discipline: Psychologist
Dr. Wykes completed his BA in Psychology from the University of Arizona in 2007, doctoral internship in Clinical Psychology at the VA Maryland Healthcare System in 2015 (SMI Specialty Track), and PhD in Clinical Psychology from the University of Wyoming in 2016. His internship experiences included rotations in the PRRC and sub-acute psychiatric units, as well as completion of VA SST training. His prior practicum experiences were focused on SMI (e.g., clerkships at the Wyoming State Hospital and the Sheridan VA Acute Psychiatric Unit). Dr. Wykes has seven peer-reviewed publications in the area of SMI (or adolescent SED), including papers focused on diabetes self-management, weight loss, and oral health in the context of SMI as well as SMI-related social stigma. He has been extensively involved in developing diabetes management rehabilitation programming for community-dwelling adults with SMI. At Cheyenne VA, Dr. Wykes serves as the Program Manager for the Cheyenne VA PCMHI clinic (Acting), and as both the Health Behavior Coordinator and PCMHI Lead Trainer. He has maintained involvement in the Cheyenne VA Psychology Internship program since 2018 (e.g., supervising rotations, presenting didactics, and assisting with the annual recruitment, interview, and selection process for interns).

XI. Leadership

The Associate Director of this Fellowship is Jordan Harm, MOT, OTR/L. She is a Supervisory Occupational Therapist within Cheyenne PMRS. Jordan received her BS in Psychology from Juniata College in 2011 and her master's in occupational therapy (OT) from Chatham University in 2014. Her current duties include supervising OT staff in the Cheyenne VA HCS, as well as providing outpatient occupational therapy services to veterans at the Loveland CBOC. She has experience in providing inpatient, outpatient, and in-home services across the scope of OT practice. Her clinical/research interests include hand/upper extremity therapy and custom seating and mobility. She has been involved in the training of more than 10 students.

Dr. Kyle Bewsey is the Director of this Fellowship. He is also the Acting Associate Chief of MH for Professional Development and Education, and the Psychology Discipline Executive. Dr. Bewsey comes with leadership and clinical experience in every level of VA psychosocial and recovery programming, including experience in managing an inpatient psychiatric unit, a 72-bed RRTP program, a hospital-based specialty outpatient mental health clinic, a mental health CBOC team, and a CWT program. He also has clinical experience working in a PRRC and in PCMHI.

The former Director of the Fellowship is Dr. Charles Drebing. In 2019, Dr. Drebing transferred to the Cheyenne VA from the Edith Nourse Rogers Memorial VA in Bedford, Massachusetts. At Bedford, Dr. Drebing led the development of one of the first three VA PSR fellowships, and chaired the faculty committee managing that fellowship from 2003 to 2011. That fellowship produced a large number of VA clinicians, program developers and leaders. For example, Dr. Patricia Sweeney was a PSR fellow and mentee of Dr. Drebing and is now the VACO National Director for Peer Support Services. In 2013, Dr. Drebing led the development of the Bedford Interprofessional Education Expansion (16 fellows/year) and chaired that faculty group from 2013-2019. During that time, he served first as the Associate Director of Psychosocial Rehabilitation, and then the Chief of Mental Health at the Bedford VA, while working as a researcher in the VISN 1 MIRECC. He has 30 years of VA research in the area of psychosocial

rehabilitation interventions, with a number of publications focusing on rehabilitation, work and housing interventions, and peer services. He continues to support the Fellowship in a mentorship role.

XII. Community Partners

Evidence-based strategies for addressing the challenges in rural healthcare indicate that effective services require a broad network of collaborations with community partners. The range of needs that rural veterans experience requires more staff and presence than is possible for any one organization alone. For this reason, we've built a very dynamic set of partnerships and collaboratives to extend the network of supports available to Veterans, and to create opportunities for innovative new practices to improve clinical outcomes for veterans with a serious mental illness. For the fellows to learn about rural healthcare, and to be leaders of the future, they need to learn about community collaborations. They will have opportunities to see the work of these partners, as well as to be involved in specific collaborations of their own choice. The following sample of collaborations will be part of what they will see during the training year.

	The Alliance for Prevention of Suicide is a local non-profit organization providing support for adults at risk for suicide. They have a special program for veterans, including a veteran certified peer specialists and veteran support groups. We collaborate with AFSP in clinical support for veterans and in programming and education to support community development and VA staff education.
	Alcoholics Anonymous of Colorado is a very large active and innovative community partner. We collaborate with them for the 12-Step Intensive Referral Collaboration, a shared effort to implement an evidence-based intensive referral process by which Veterans who would benefit from participation in 12-step meetings, participate in an intensive referral. VA research suggests that this intervention is results in better clinical outcomes, better community integration, and lower VA cost of care per Veteran.
	Cheyenne Air National Guard (ANG) is located in Cheyenne. Cheryl Cameron, LCSW, is the Director of Psychological Health, and has a strong background in recovery-oriented programming. She was part of the group that set up the original Fountain House program in New York. We collaborate with the ANG to help service members who need specialty mental healthcare, and particularly those struggling with an early psychosis. Those service members are best served in the POWER program, but without special arrangements, are simply discharged without appropriate referral or treatment.

	Colorado State University (CSU) Veterans Office is one of the largest and most innovative university-based veterans' programs in the nation. We've shared a large number of collaborative projects over the years including education, outreach and clinical care. We collaborate with them in the form of a very large VITAL program on campus serving 100 Veterans per year, and in education and program development. CSU Center for Community Partnerships, in the Department of Occupational Therapy, is a clinical and research partner to our VITAL program. This center studies supported education interventions for special populations, including veterans with a mental illness. They collaborate on program evaluation and research and welcome VA trainees.
	The Front Range Veterans Peer Education Council (FRVPEC), is a weekly collaborative effort between about 10 VA, local non-profits, and community-based veteran activists. The group organized in 2019 around the goal of "supporting the health of veterans by providing training and education for Veterans and community partners who want to provide peer support". This collaborative seeks to enhance the outcomes of VA mental healthcare by expanding lay peer support among community members. We initiated and participate in this collaborative.
	The Laramie County Police comes in unfortunate contact with many veterans struggling with poorly treated mental illness, as is true of most local police departments, particularly in rural areas. We collaborate in a number of ways, including the Law Enforcement Assisted Diversion (LEAD) Program, which is a diversion program designed to use harm reduction strategies with adults who are at risk for arrest secondary to their mental illness. In this area, Veterans with a serious mental illness represent a significant portion of LEAD's participants, and so diversion becomes the entry point for mental health treatment.
	Larimer County Veterans' Services Office is an organizational hub of community-based services and advocates serving Veterans. We collaborate on a number of projects. We also attend their monthly 'Veterans Together' meeting in which representatives from 20+ organizations meet to share information and to develop collaborative projects. Staff members from the two Colorado US senators, and from two congressman offices also attend that meeting to talk about Veterans' issues, making this an important place for developing new programming and collaborations.

NAMI National Alliance on Mental Illness	The National Alliance on Mental Illness (NAMI) is the nation's largest grassroots mental health organization providing advocacy and support services in an effort to build better lives for the millions of Americans affected by mental illness. We collaborate with them by coordinating referrals of veterans to NAMI support groups and family education in an effort to help veterans better integrate with community social supports. .
NECO	Northeast Colorado Collaborative for Veterans (NECO) is a community-based collaborative of veteran advocate/stakeholders from the very rural Northeast Colorado/Western Nebraska area. It was developed and is facilitated by VA peers and staff, and is designed to coordinate the efforts of rural resources for Veterans, with an explicit goal of supporting Veterans not receiving care from the VA, and for helping Veterans leaving VA mental healthcare to fully integrate into their community. We initiated and participate in this collaborative.
NCVRC	Northern Colorado Veterans Resource Center (NCVRC) is a local non-profit organization that provides peer support and community integration services to Veterans with mental health concerns, mostly in rural northern Colorado. We collaborate in a number of ways, including the development of virtual community-based Veteran Coffee Socials, and Veteran Gaming Groups.
Peak wellness|center	Peak Wellness is private nonprofit clinical program, serving 2200 rural southeast Wyoming residents, many with a serious mental illness and co-morbid substance use. They provide the range of mental health services including residential care, crisis stabilization, pharmacotherapy, intensive case management, supported employment, supported housing, Illness Self-Management and Recovery skills training, and peer support. We collaborate around shared care and education, as PEAK is one of the other key providers of psychosocial rehabilitation services in Wyoming and has some small clinics in very rural communities that VA has no footprint for.
Qualified Listeners	Qualified Listeners is a non-profit organization designed to provide peer support and referral to veterans and family members. We collaborate in a number of ways, including partnering to help Qualified Listeners to help veterans with untreated/poorly treated mental illness to enter into needed care.

RECOVER WYOMING	Recover Wyoming Inc. is a peer-run recovery and advocacy center in Cheyenne. It provides a range of psychosocial interventions including peer support, a clubhouse, vocational services and forensic support. Recover Wyoming trains all Certified Peer Specialists in Wyoming, and trains most of the peers serving the Cheyenne VA. We collaborate with Recover Wyoming in peer education.
THE UNIVERSITY OF WYOMING EQUALITY 1886	University of Wyoming Veterans Program is a large innovative support program on the campus of UW. The Cheyenne VA operates a large VITAL program within the Veterans Program, along with other veteran resources. We collaborate with UW in various ways, including VITAL services.
VOICES Veteran Outreach into the Community to Expand Social Support	Veterans Outreach in the Community to Expand Social Support (VOICES) Project -- The Veteran Coffee Social Project is a collaboration between a local non-profit, the Northern Colorado Veterans Resource Center, and the Cheyenne VA and the VACO-funded Veterans Outreach in the Community to Expand Social Support (VOICES) Project. We collaborate with VOICES in setting up weekly Veteran Coffee Socials to help socially integrate Veterans in VA mental healthcare in their communities (Gorman et al., 2018).

XIII. Research and Program Evaluation Opportunities

Fellows will have the option to participate in research and other scholarly activity relevant to psychosocial rehabilitation. It is hoped that these activities will enhance career development, while developing additional skills and knowledge that will enhance future work. We have three primary settings in which they may get involved up to 4 hours/week for 6 months

1. The Veterans Rural Health Resource Center (VRHRC) at the Salt Lake City VA, is one of five VA VRHRC's, all of which serve as extensions of the VA Office of Rural Health (ORH), and promote the advancement of rural healthcare research, innovation and dissemination. Fellows chose to participate in VRHRC projects, or may even apply for the VA Rural Scholars Program. The Salt Lake City VRHRC has three areas of focus: (1) Using VA databased to improve access to healthcare for rural Veterans, (2) Developing collaborative projects that improve care in rural communities, and (3) to develop and dissemination technology-based interventions to enhance rural healthcare.
2. The Center for Community Partnerships, Colorado State University, is a university-based research team focusing on supported education interventions. They have a close working relationship with the VA and the Work and School Program, and have a range of projects that fellows could participate in.
3. The Veterans Outreach in the Community to Expand Social Support (VOICES) Project is a VACO-funded project designed to develop, evaluate and disseminate community-based social support and community integration interventions for Veterans receiving services for mental illness. Cheyenne VAHCS already has a collaboration with the VOICES team to evaluate virtual Veteran Coffee Socials and Veteran Gaming Groups. Fellows could participate in this effort, or could engage in the VOICES upcoming dissemination projects.

The Psychiatric Rehabilitation Association (PRA) National Conference is typically held each year, and provides a venue for fellows to present research or program improvement efforts and to view the work of other clinicians. It also gives them an opportunity to see some of the national dynamics in the field both inside and outside the VA. In the past, this was also an opportunity to meet with other VA PSR fellows and to learn about other opportunities in the VA.

XIV. Bi-Directional Evaluation

The Cheyenne VAHCS is a learning environment in which everyone is seeking to improve their skills and performance in the service of Veterans. For the fellowship, this means that each fellowship year is an opportunity for the program to improve and grow. For that to happen, feedback from the fellows is key to identifying what could improve. Fellows will be asked to give feedback on the program as a whole and on specific elements including didactics, clinical experiences, supervisors etc. At the same time, fellows will routinely receive feedback from faculty on their performance, with the aim of helping them be more effective as clinicians.

XV. Admissions Procedures

Eligibility Requirements

All applicants must have 1) graduated from an accredited institution in the professional field they've applied in (nurse, social worker, occupational therapist, psychologist). The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment:

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.

2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.

3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit https://www.sss.gov/. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.

4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks.

can be found at the following website: http://www.archives.gov/federal-register/codification/executive-order/10450.html.

5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however, are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.

7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit https://www.va.gov/OAA/TQCVL.asp a. **Health Requirements**. Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine, as well as annual influenza vaccine. If an HPT is medically or religiously exempt from receiving the influenza vaccine, proof of valid declination must be documented on VA Form 10-9050.
b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the requisite qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.

8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at https://www.va.gov/oaa/app-forms.asp. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.

9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf .

Additional information regarding eligibility requirements (with hyperlinks)

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations. https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=1006&FType=2
- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties

Additional specific suitability information from Title 5 (referenced in VHA Handbook 5005):

(a) *Specific factors.* In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

(1) Misconduct or negligence in employment;
(2) Criminal or dishonest conduct;
(3) Material, intentional false statement, or deception or fraud in examination or appointment;
(4) Refusal to furnish testimony as required by § 5.4 of this chapter;
(5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
(6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
(7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
(8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

(b) *Additional considerations.* OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

(1) The nature of the position for which the person is applying or in which the person is employed;
(2) The nature and seriousness of the conduct;
(3) The circumstances surrounding the conduct;
(4) The recency of the conduct;
(5) The age of the person involved at the time of the conduct;
(6) Contributing societal conditions; and
(7) The absence or presence of rehabilitation or efforts toward rehabilitation.

** Those who do not meet these eligibility requirements will be notified by the site as soon as possible. Failure to meet these qualifications could nullify an offer to an applicant.
The VAMHCS is an Equal Opportunity Employer. Our postdoctoral fellowship program values cultural and individual diversity and welcomes applicants from all backgrounds.

Application Requirements:

The following documents must be uploaded to the APPA CAS and are required for application to our program:

1. A letter of interest that outlines career goals, clinical and research experience, and goodness of fit with the mission of the VA Maryland Health Care System Clinical Psychology Fellowship and the training track emphasis
2. A current curriculum vitae
3. Official graduate transcripts

4. A signed letter of status from graduate program with anticipated completion date, **including expected dissertation defense date**
5. Three signed letters of recommendation, one of which must be from an internship supervisor. Please note that letters of recommendation are referred to as "evaluations" within the APPA CAS portal.
6. Federal form: Application for Associated Health Occupations (10-2850D), which may be obtained via the website: http://www.va.gov/vaforms/medical/pdf/vha-10-2850d-fill.pdf
7. Federal form: Declaration for Federal Employment (OF-306), which may be obtained via the website: http://www.opm.gov/forms/pdf_fill/of0306.PDF

The Training Committee will review completed applications that are submitted by January 08, 2021 and will extend invitations for interviews to take place in late January and/or early February. Interviews may be conducted in person or via phone.
Offers will be extended by Track Coordinators on the Uniform Notification Date on February 22nd, 2021

The Cheyenne VAHCS Advanced Interprofessional Fellowship program is committed to providing a supportive learning environment in which we actively seek and value diversity among our trainees and staff. We consider diversity as including various cultures, values, and experiences of trainees and faculty, as well as different theoretical models, research paradigms, and ways of professional practice. Our training program strives to maintain a collegial and supportive environment where trainees and staff enjoy working together and are valued for their individual contributions to the group. Biopsychosocial and recovery-oriented approaches that incorporate elements of diversity and multiculturalism are especially valued in our training programs. We highly encourage applicants from diverse backgrounds to apply.
This program meets criteria of Equal Employment Opportunity (EEO). The Cheyenne VAHCS and its training programs are committed to providing access for all people with disabilities and will provide reasonable accommodations. We ask only that any who may require accommodations to provide us a reasonable amount of advance notice.

XVI. Employment and Benefits

Fellows are appointed to occupy temporary employment positions with the Department of Veterans Affairs for a period of one year. Once formally hired, Fellows are full-fledged, if temporary, employees, and are also trainees who require supervision and support consistent with VA policy on all trainees.

Fellows at CVAHCS are appointed full-time (40 hours per week) for one calendar year (52 calendar weeks). The training year includes 2080 hours in total (52 weeks x 40 hours per week) with allowances for federal holidays (10 days per year) and leave entitlements (up to 13 days per year each of sick leave and annual leave). Unused annual leave will be reimbursed monetarily after the conclusion of the fellowship in the final paycheck whereas unused sick leave balances will remain with the fellow's personnel record and be available for use in future federal employment, if applicable. In order to successfully complete the fellowship training program, fellows must be on-duty for training at least 1800 of the 2080 hours and these hours must span the full 52-week interval of the training year.

The standard tour of duty for Fellows will be M-F 8:00 AM – 4:30 PM. Adjusted tours-of-duty can also sometimes be considered on an individual basis at the Fellow's request, subject to the availability of adequate supervision, and depending on the extent to which an adjusted tour would better meet the training needs of the Fellow while still meeting clinical needs of the facility. The Fellowship places high value on work-life balance for our trainees and professional staff alike. Fellows will be strongly encouraged to leave work on-time each day at the conclusion of their tours-of-duty, and to not work more than the required 40 hours per week.

The recruitment process for the Fellowship is very much like that for any other setting, emphasizing academic and experiential qualifications. The annual stipends for VA Fellows (and all temporary training appointments) vary by year and professional discipline, and are set nationally by the Office of Academic Affiliations with pay distributed every two weeks. Additional employment benefits include 13 days paid vacation, up to 13 days of sick leave, 10 paid federal holidays, and the potential for additional authorized leave of absence (up to 40 hours per year, if approved) for selected conferences. Fellows will also be able to obtain Health, Dental, and Vision Insurance, and will have access to other amenities such as an employee fitness center and professional libraries.

XVII. Discipline-Specific Application Procedures

Psychology

Postdoctoral fellowship applicants also must meet the following criteria to be considered for any VA Psychology Postdoctoral Program:

1. Have received a Doctorate from an APA-accredited graduate program in Clinical or Counseling Psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for re-specialization training in Clinical or Counseling Psychology are also eligible
2. Have completed an internship program accredited by the APA Commission on Accreditation or have completed a VA-sponsored internship.

To apply, the following materials are required:

• Letter of interest that identifies the track to which you are applying, describes how you envision this training would further your professional development as a clinical psychologist, your theoretical orientation, your prior training or exposure to the area(s) of emphasis to which you are applying, and your professional interests.
• Current Curriculum Vita that includes a description of your internship rotations and anticipated graduation date.
• Graduate transcripts (official copy)
• Letter of reference from your internship director, describing your training, experience, overall performance during your internship and anticipated completion date.
• Letter of reference from your dissertation or program chair, describing your progress toward completion of the doctoral degree and anticipated date of completion.
• Letter of reference from a supervisor familiar with your work in the special emphasis area(s) for which you are applying, or from another supervisor familiar with your clinical work.

Please email all application materials to Charles.Drebing@VA.gov. Letters of reference sent via email should be sent directly from the supervisor's work email address. If you have questions, you can also contact Dr. Kyle Bewsey by emailing him at Kyle.Bewsey@VA.gov.

Social Work
Fellowship applicants must have received a Masters' or a Doctorate degree from a CSWE-accredited graduate program in Social Work, including an internship or field practicum.

To apply, the following materials are required:
• Letter of interest that identifies the track to which you are applying, describes how you envision this training would further your professional development as a social worker, your theoretical orientation, your prior training or exposure to the area(s) of emphasis to which you are applying, and your professional interests.
• Current Curriculum Vita that includes a description of your internship rotations and anticipated graduation date.
• Graduate transcripts (official copy)
• Letter of reference from your program's internship director or Field Liaison, describing your training, experience, overall performance during your internship and anticipated completion date.
• Letter of reference from your program chair or faculty advisor describing your progress toward completion of your graduate degree and anticipated date of completion.
• Letter of reference from a supervisor familiar with your work in the special emphasis area(s) for which you are applying, or from another supervisor familiar with your clinical work.

Please email all application materials to Charles.Drebing@VA.gov. Letters of reference sent via email should be sent directly from the supervisor's work email address. If you have questions, you can also contact Tatum Webb, LCSW, Social Work Service, by emailing her at Tatum.Webb@VA.gov.

Occupational Therapy
Fellowship applicants also must meet the following criteria to be considered:
1. Have received a Masters' or a Doctorate degree from an accredited graduate program in Occupational Therapy.
2. Have completed an accredited internship program.

To apply, the following materials are required:
• Letter of interest that identifies the track to which you are applying, describes how you envision this training would further your professional development as a social worker, your theoretical orientation, your prior training or exposure to the area(s) of emphasis to which you are applying, and your professional interests.
• Current Curriculum Vita that includes a description of your internship rotations and anticipated graduation date.
• Graduate transcripts (official copy)
• Letter of reference from your internship director, describing your training, experience, overall performance during your internship and anticipated completion date.
• Letter of reference from your dissertation or program chair, describing your progress toward completion of the doctoral degree and anticipated date of completion.
• Letter of reference from a supervisor familiar with your work in the special emphasis area(s) for which you are applying, or from another supervisor familiar with your clinical work.

Please email all application materials to Charles.Drebing@VA.gov. Letters of reference sent via email should be sent directly from the supervisor's work email address. If you have questions, you can also contact Jordan Harm, MOT, OTR/L, by emailing her at Jordan.Harm@VA.gov.

Mental Health Counselors

Fellowship applicants also must meet the following criteria to be considered:

1. Have received a Masters' or a Doctorate degree from an CACREP-accredited graduate program in Mental Health Counseling
2. Have completed an internship program accredited by the CACREP or have completed a VA-sponsored internship.

To apply, the following materials are required:

• Letter of interest that identifies the track to which you are applying, describes how you envision this training would further your professional development as a social worker, your theoretical orientation, your prior training or exposure to the area(s) of emphasis to which you are applying, and your professional interests.
• Current Curriculum Vita that includes a description of your internship rotations and anticipated graduation date.
• Graduate transcripts (official copy)
• Letter of reference from your internship director, describing your training, experience, overall performance during your internship and anticipated completion date.
• Letter of reference from your dissertation or program chair, describing your progress toward completion of the doctoral degree and anticipated date of completion.
• Letter of reference from a supervisor familiar with your work in the special emphasis area(s) for which you are applying, or from another supervisor familiar with your clinical work.

Please email all application materials to Charles.Drebing@VA.gov. Letters of reference sent via email should be sent directly from the supervisor's work email address. If you have questions, you can also contact Susan Amory, LPMCH, Director of Training for the LPMCH Program by emailing them at Susan.Amory.VA.gov.

Mental Health Nurse Practitioners

Fellowship applicants also must meet the following criteria to be considered:

Have received a Masters' or a Doctorate degree from an accredited Nurse Practitioner graduate program.

To apply, the following materials are required:

• Letter of interest that identifies the track to which you are applying, describes how you envision this training would further your professional development as a social worker, your theoretical orientation, your prior training or exposure to the area(s) of emphasis to which you are applying, and your professional interests.
• Current Curriculum Vita that includes a description of your internship rotations and anticipated graduation date.
• Graduate transcripts (official copy)
• Letter of reference from your internship director, describing your training, experience, overall performance during your internship and anticipated completion date.

• Letter of reference from your dissertation or program chair, describing your progress toward completion of the doctoral degree and anticipated date of completion.
• Letter of reference from a supervisor familiar with your work in the special emphasis area(s) for which you are applying, or from another supervisor familiar with your clinical work.

Please email all application materials to Charles.Drebing@VA.gov. Letters of reference sent via email should be sent directly from the supervisor's work email address. If you have questions, you can also contact Camilla Pena, RN by emailing her at Camilla.Pena@VA.gov.

XVIII. Program Modifications Due to COVID

While we hope that the COVID-19 pandemic will be resolved by fall of 2022, we have strategies to minimize any residual impact on training. These strategies seek to provide the highest level of clinical care and training while safeguarding the safety of our Veterans, trainees, and staff. Our training policies and processes with respect to the pandemic are made in conjunction with VA Central Office, Cheyenne VA Healthcare System, and Mental Health Service Line (MHCL) guidance, as well as information from OAA and current best practices from national training programs.

Cheyenne VA HCS was using telework strategies extensively prior to the pandemic, seeking to improve access to Veterans in more rural areas. Our current plan is for most staff and trainees to work both in person and via telework on an on-going basis, depending on their roles. In general, trainees should expect to do some work in person and some work via telework. Supervision and didactics will also use a combination of in-person and virtual formats, depending on the supervisor, training experience, and situation. It is clear that telework is a format for mental health care that is, and will likely continue to be popular with clients, and can improve access.

VA Telework Agreement:
For a trainee to telework, formal permission for telework (VA form 0740) must be signed by a supervisor and the facility Designated Education Officer (DEO). This agreement allows the trainee to work remotely as needed, by decision of the trainee and their supervisor.

Telehealth Modalities:
The primary modality for delivering clinical care remotely is video conferencing using the VA telehealth platform, VA Video Connect (VVC). All individual services with Veterans at the CORE program are currently being conducted with VVC, while our groups are being conducted via WebEx Meeting (with phone as a back-up for both).

Telehealth Equipment:
Fellows will be provided with equipment necessary to provide virtual care.

SST:
The SST certification process is presently on hold since standard SST certification requires in-person service. However, the national SST program is still offering this training to our fellows, who will then conduct SST groups via telehealth, but this will not result in formal certification.

Tele supervision:

Tele supervision, i.e., face-to-face sessions between supervisor and supervisee conducted remotely through teleconferencing platforms (e.g., VVC, WebEx, or Microsoft Teams) are allowed by APA and OAA during the pandemic. The CA Board of Psychology has also waived the requirement for in-person supervision.

Availability of Supervisor:
OAA delineates the availability of supervisors based on the trainee's level of responsibility—in the room, in the area, and available. Under usual circumstances, both the supervisor and the trainee are both required to be at the VA in all three circumstances. However, during the COVID-19 crisis, OAA and APA are allowing the patient, trainee, and supervisor to all be at different locations. Additionally, for PSR residents, there is a CORE supervisor WhatsApp group, which allows trainees to access backup supervision in urgent situations when their primary or secondary supervisors are not available.
Any PSR Fellowship requirements that ultimately prove impossible during the training year due to COVID (e.g., SST certification, inpatient rotation) will be waived.